EPA Region 5 Records Ctr.
390940

APPLICATION FOR PERMIT

TO DEVELOP A WASTE

STORAGE/TREATMENT SITE

RECTION

NOV 19 1982

E.P.A. — D.L.F.C. STATE OF ILLINOIS

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter III 1/2, Section 1039, Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

My Commission Expires June 9, 1985

IV.	Location Information
(7.5 mi)	a copy of the United States Geologic Survey (U.S.G.S.) quadrangle map inute quadrangle, if published) and a topographic map of the area which is the site. Also provide a legal description of the site.
Qua	drangle map provided GRANITE CITY, IL-MO 1954 Rev. 1968-1974 Name Date
Sac Loc Pre	Legal Discription included as Exhibit B Quarter, of Quarter, Quarter, P.M. Range ,
, <u> </u>	Facility Background
(This is an existing operation begun (mo.)1902 (yr.). This is a proposed operation. This is a proposed extension to an existing operation: Illinois EPA Permit No. Other Existing Environmental Facility Permits: See exhibit M
	instructions for the contents of Sections V, VI, VII, and VIII.
<u>I.</u>	Facility Information
locumen	lowing documents $\underline{\text{must}}$ accompany the application (please indicate which ts are being submitted with this application by putting an "X" in the iate space).
_ <u>x_</u> _	 A plan sheet of the site. A process flow diagram and process instrumentation diagram of
_ <u>x_</u>	storage/treatment operation. 3. A narrative description of the site's operation. 4. A description of analysis methods used to screen and test waste
_X	types.A description of methods used to treat, transfer or dispose of waste generated from the process/operation of the site.
<u>X:</u>	 A detailed contingency plan or procedure. A description of inspection procedures.
<u> X:</u>	8. A closure plan. 9. Land use information.

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VII	• Storage and/or Transfer	
Α.	This application is for storage \times and/or transfer _ (check the appropriate box(es))	
	Waste to be contained in:	
	Tank _x Surface impoundment	
В.	Storage/Transfer For each box(es) checked above provide, when applicable, the following information:	
	 Physical Location Material of construction Number of containers Duration of storage Age of container Type of waste(s) contained Design 	
VIII. Treatment		
Include the following information:		
	A. Name of process B. Methodology utilized C. Type(s) of waste(s) to be treated D. Objective of treatment E. Average or maximum capacity of the process	
ĪX.	Incineration	
	 A. Type of incinerator/equipment and model number B. Description, typical composition and source of waste(s) to be incineratedWaste(s) to be incinerated C. Maximum amount of waste(s) to be incinerated (gallons/hour) D. Estimated daily amount of waste to be incinerated E. Operating Temperature F. Residence Time G. Description of gas cleaning devices 	
X .	Hydrogeology	

Refer to the instructions.